

## Department of Administrative Services TANI PACK DOWNING Executive Director

Division of Finance

JOHN C. REIDHEAD, CPA Division Director

## AUTHORITY FOR THE AUTOMATIC CREDIT/DEBIT CARD CHARGE

I (we) hereby authorize the State of Utah, Office of State Debt Collection (OSDC) to charge the account described below

(the "Account") at the frequency and in the amounts stated; until the debt is paid in full. I (we) authorized company at which the Account is maintained to accept the debit initiated by OSDC and to instructed by OSDC. As to the regularly scheduled payments due OSDC, I (we) authorize the crenamed below to debit the Account monthly in the amount of \$ This agreement must with written authorization of OSDC, payment in full of the debt; or written notice from the credit /deten (10) days prior to the payment date. I (we) guarantee that I (we) are authorized signatories on the legal right to conduct any and all business on the Account. I (we) also understand that I are responsible for each and every payment due to OSDC. If a problem occurs with the credit/debit of my (our) responsibility to make a payment to OSDC by money order in a timely manner.	o debit the Account as dit/debit card company hay be terminated only abit card holder at least the Account and have am (we are) ultimately
The "ACCOUNT" information:	<u> </u>
Credit/Debit Card Company	<u></u>
☐ Debit card ☐ Visa ☐ Mastercard ☐ Discover Mark <b>only one</b> box	
Card Number Expiration Date	
Security Code from back of card	
Regularly scheduled payments of \$perbeginning on	
NAME:	
ADDRESS:	
CITY, STATE & ZIP:	
EMAIL ADDRESS:	
PHONE NUMBER:	
NAME ON CARD :	
SIGNATURE:	<u> </u>
DATE (MM/DD/YY):	

In order to ensure the security of your information, this completed form may NOT be returned to OSDC via fax or email. Completed forms must be mailed to: OSDC, PO Box 141001, Salt Lake City, UT 84114.